

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039686

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 279

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Henry  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Cass  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Clinton  |   | c. CITY OR TOWN Creighton  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Wetzel Hospital  |   | d. STREET ADDRESS (If outside, give location)<br>6 mi west   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>CLARK WELLINGTON BONAR  |   | 4. DATE OF DEATH<br>Month Day Year<br>October 23, 1963   |  |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>              | 8. DATE OF BIRTH<br>2/5/93                                     |
| 9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer   |   | 10. KIND OF BUSINESS OR INDUSTRY<br>Farm   |  |
| 11. BIRTHPLACE (City and state or country)<br>Gunn City, Mo.  |   | 12. CITIZEN OF WHAT COUNTRY<br>USA   |  |
| 13a. FATHER'S NAME<br>James M. Bonar  |   | 13b. MOTHER'S MAIDEN NAME<br>Cassandra Russell   |  |
| 14. NAME OF HUSBAND OR WIFE<br>Bessie L. Bonar  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates)<br>No   |  |
| 16. INFORMANT<br>44 Bessie L. Bonar, Creighton, Mo.   |   | 17. ADDRESS  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Medullary Paralysis<br>DUE TO (b) Hemiparesis<br>DUE TO (c) Hematoma & Abdominal Trauma |   | INTERVAL BETWEEN ONSET AND DEATH<br>36-48 hrs<br>2-3 weeks ago   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Cardiovascular disease   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown     |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>  | 20a. ACCIDENT SUICIDE HOMICIDE<br><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br>Part I (c) Fall from trailer while pulling on a post and injured Abdomen |  |
| 20c. TIME OF INJURY<br>Hour 10 a.m.<br>Month, Day, Year Oct. 2, 1963  | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>       | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br>Farm Home  | 20f. CITY, TOWN, OR LOCATION<br>Cass                           |
| 21. I attended the deceased from<br>Death occurred at 10:55 P on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22. SIGNATURE (Degree or title)<br>Gus S. W. M.D.  |  |
| 22a. ADDRESS<br>105 E Ohio  |   | 22c. DATE SIGNED<br>Oct. 24, 1963  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   | 23b. DATE<br>10/26/63   | 23c. NAME OF CEMETERY OR CREMATORY<br>Garden City  | 23d. LOCATION (City, town, or county)<br>Garden City, Missouri |
| 24. FUNERAL DIRECTOR<br>Atkinson-Dickey   | 25. DATE RECD. BY LOCAL REG.<br>Oct. 26, 1963   | 26. REGISTRAR'S SIGNATURE<br>Mildred Bigum   |  |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

OCT 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene R. Consalus

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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Permit Obtained 10-26-63

MA  
J. J. White  
with heading